

STATE OF ALASKA

DEPARTMENT OF CORRECTIONS

PRISONER GRIEVANCE

PART ONE

PRINT NAME	INSTITUTION/MODULE	Offender #	FSO LOG #	DIO LOG #
Trevor Stefano	GCCC / B	506410		GC1287
INCIDENT DATE 11-8-12		TODAY'S DATE 11-11-12		
BEFORE YOU COMPLETE THIS FORM:		CIRCLE		If you said "NO" to <u>any</u> of these questions, the grievance may be screened and returned.
1. Is this about an incident that is other than a disciplinary action or classification decision?		<input checked="" type="radio"/> Yes No		
2. Did you first talk to the appropriate person to informally solve the incident?		<input checked="" type="radio"/> Yes No		
3. Did you file a Request for Interview Form (cop-out) on this incident <u>and</u> receive a response?		<input checked="" type="radio"/> Yes No		
INSTRUCTIONS:				
1. Limit this grievance to <u>ONE</u> incident.				
2. Attach the completed Request for Interview Form copy <u>OR</u> describe HOW you attempted to solve it informally:				
a. WHO did you talk to? <u>Superintendent Rabreau</u>				
b. WHEN did you talk with him/her? <u>11-8-12</u>				
c. WHAT were you told? <u>That G.C.C.C. visitation hours are adequate</u>				
3. Attach up to two additional pages of narrative to describe the incident.				
AFFIRMATION and SIGNATURE:				
1. I affirm that this grievance is filed within 30 days of the incident or my knowledge of the incident.				
2. I affirm the following statements are true and accurate and that I may be disciplined for providing false information pursuant to 22 AAC 05.400.				
PRISONER'S SIGNATURE:				
<i>Video visitation is not recognized by the Cleary FSA,</i>				
<i>22 AAC 05.130 or Policy and Procedure 810.02.</i>				
<i>Video visitation may have rehabilitative value, but</i>				
<i>falls short of any defined recognizable equality</i>				
<i>to actual visitation in the authorities I have cited.</i>				
<i>Video Visitation cannot be used to reduce the hours</i>				
<i>this facility is required to offer for contact and</i>				
<i>secure visitation. To do so violates the visitation</i>				
<i>component to my Right to Rehabilitation under article</i>				
<i>I section 12 of the Alaska Constitution.</i>				
I REQUEST THE FOLLOWING RELIEF (State the outcome you are seeking):				
<i>Immediately come into compliance with the minimum amount</i>				
<i>of visitation hours this facility must provide as defined in the Cleary</i>				
<i>FSA, AAC 22 AAC 05.130 and PivP 810.02</i>				
I acknowledge receipt of this grievance and have issued the log number above for reference. Please refer to assigned log number with any inquiries about this grievance.				
DATE RECEIVED:	STANDARDS OFFICER'S SIGNATURE:			
11/15/12	Office			

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Exhibit I
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